North Central Regional Transit District

1327 N. Riverside Drive
Española, NM 87532
866-206-0754
Fax 505-747-3640
www.ncrtd.org

APPLICATION FOR EMPLOYMENT

NCRTD prohibits discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. We are an Equal Opportunity Employer.

Position Applied For:_____ Announcement No. _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Mailing Address: _____
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) _____

(Work)( ) _____ (Cell) ( ) _____

E-Mail Address: _____

Have you ever used a different name for school or employment? If so, what name(s)?

_____

Do you now work or have you previously worked for the NCRTD?

Yes ☐ No ☐ If yes, indicate dates: From: To:

Does the District employ any relative of yours or are you related to a District Official? Yes ☐ No ☐

Name _____

Relationship _____

Are you eligible to work in the United States? (If selected, proof of eligibility will be required) Yes ☐ No ☐

Do you possess a valid Driver's License? Yes ☐ No ☐

State _____ Class _____ License # _____

Referral Source

- ☐ Website Advertisement
- ☐ Job Fair
- ☐ Friend or Relative
- ☐ Job Line
- ☐ Walk-In
- ☐ Other (Describe)

Do you have any driving Violations? _____Yes _____No

If yes, please explain:

_____

Have you ever been arrested, charged or convicted of a felony or misdemeanor**?** __Yes ___No

If yes, please explain: _____

_____

(A conviction record will not necessarily be a bar to employment)

COMPLETION INSTRUCTIONS

A complete application includes:

Application for Employment
FormResume
Cover letter
Professional references

Thank you for your interest in a career with the North Central Regional Transit District!

A Human Resources recruiter will review your application and contact you with an update regarding next steps.

You may review the status of your application at anytime by contacting NCRTD at the phone number provided above and requesting to speak with the Human Resources Department.

EDUCATION:
High School/G.E.D., college degree or college transcripts will need to be attached to the application or turned in at time of interview, if it is required.

Yes	High School Diploma/GED Certificate? Name of School:
No	If no, Indicate Grade Completed:

Vocational/ Technical Name of School	Hrs. Completed Major Field

UNDERGRADUATE		GRADUATE	
College or University		College or University	
Major Field(s)		Major Field(s)	
Hours Completed Semester:	Quarter:	Hours Completed Semester:	Quarter:
Degree(s) Received:	Degree(s) Received:	Degree(s) Received:	Degree(s) Received:
Date(s) Received:	Date(s) Received:	Date(s) Received:	Date(s) Received:

1. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

_____

_____

_____

_____

_____

References (Not Relatives) List only those that you will permit us to contact.

Name	Address	Phone

EXPERIENCE:

Please begin with your most recent experience in block 1. May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment? _____, if **NO** please indicate which past employer(s) may not be contacted: _____.

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

1 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time / Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No.	From (Mo. /Yr.)	To (Mo. /Yr.)	Place of employment (City/State) if different from employer's address		
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

2 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time / Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No.	From (Mo. /Yr.)	To (Mo. /Yr.)	Place of employment (City/State) if different from employer's address		
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

3 Employer's Name | Type of Business | From (Mo. /Yr.) | To (Mo. /Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

4 Employer's Name | Type of Business | From (Mo. /Yr.) | To (Mo. /Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

5 Employer's Name | Type of Business | From (Mo./Yr.) | To (Mo./Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

6 Employer's Name | Type of Business | From (Mo. /Yr.) | To (Mo. /Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

7 Employer's Name | Type of Business | From (Mo. /Yr.) | To (Mo. /Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

8 Employer's Name | Type of Business | From (Mo. /Yr.) | To (Mo. /Yr.)

Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

REASONS FOR LEAVING OR WANTING TO LEAVE

DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

9 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

10 Employer's Name	Kind of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

NOTE: For additional experience blocks, please use continuation sheet.

PLEASE READ BEFORE SIGNING

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that employment inquires may be requested by the North Central Regional Transit District that will seek information pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment, previous employment, education background, and other past experiences. I also release and hold harmless all of my previous employers and the North Central Regional Transit District from any liability that may potentially result from the release or use of such information. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application will be cause for rejection of this application or dismissal after employment. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

_____ _____

Signature of Applicant **Date**

Public and Private Record Release

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to the NCRTD named below for employment or insurance eligibility purposes.

By signing below:

I authorize the NCRTD to investigate and review driving, motor vehicle, criminal histories and related information periodically the duration of my employment or insurance relationship with NCRTD.

I understand that my employment or insurance eligibility is contingent upon the NCRTD review of such information.

Employer: North Central Regional Transit District.

_____ _____

Signature Date Social Security Number (for Criminal Records Only)

_____ _____

Printed Name (as it appears on your driver license) Driver License Number

_____ Circle Gender M or F

Birth Date – Month/Day/Year

Release of Information Form 49 CFR Part 40 Drug and Alcohol Testing

<u>Section I</u>. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

_____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

_____

Phone #: _____

Designated Employer Representative (if known): _____

<u>Section II</u>. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES ____ NO ____**
2. Did the employee have verified positive drug tests? **YES ____ NO ____**
3. Did the employee refuse to be tested? **YES ____ NO ____**
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES ____ NO ____**
5. Did a previous employer report a drug and alcohol rule violation to you? **YES ____ NO ____**
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A ____ YES ____ NO ____**

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_____ _____

Your Name Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

EEO Candidate Voluntary Self-Identification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

☐ **Hispanic or Latino**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White**: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American**: a person having origins in any of the black racial groups of Africa.

☐ **Asian**: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **American Indian or Alaska Native**: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Two or More Races**: a person who primarily identifies with two or more of the above race/ethnicity categories.

_____ _____

Your Name Today's Date

Veteran Self-Identification Form

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

   (1) Disabled veterans
   (2) Recently separated veterans
   (3) Active duty wartime or campaign badge veterans
   (4) Armed Forces service medal veterans.

   A "disabled veteran" is one of the following:
   □ A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;
   □ A person who was discharged or released from active duty because of a service-connected disability.
   □ A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
   □ An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
   □ An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

   Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.
   For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.
   If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

INVITATION TO SELF-IDENTIFY

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

☐ DISABLED VETERAN

☐ RECENTLY SEPARATED VETERAN

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCES SERVICE MEDAL VETERAN

☐ I am a protected veteran, but I choose not to self-identify the Classification to which I belong.

☐ I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

2. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

3. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

_____ _____

Your Name Today's Date